

**EXHIBIT U:**  
**Bio-Hazardous and Bloodborne Pathogen Materials**  
**SCOPE OF WORK**

1. Sharps and Bloodborne Pathogen Clean-Up
  - 1.1 If requested by the Judicial Council, the Contractor shall provide clean up services for sharps and materials included in Cal-OSHA's Bloodborne Standard at Judicial Council facilities listed in Attachment 2.
  - 1.2 Contractor shall follow the procedures stated in Exhibit R, attached hereto and entitled "Bloodborne Pathogen Exposure Control Plan", when providing clean up services for sharps and materials included in Cal-OSHA's Bloodborne Standard.

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

**A. INTRODUCTION AND OVERVIEW**

The California Occupational Safety and Health Administration (Cal-OSHA) Bloodborne Pathogen (BBP) Standard effective 6 March 1992, applies to all employees who could "reasonably anticipate," as the result of performing their job tasks, come into contact with blood and *other potentially infectious materials* (OPIM). Cal-OSHA'S Bloodborne pathogens standard was instituted to protect employees who work in occupations where they are at risk of exposure to blood or other potentially infectious materials.

"Blood" means human blood, human blood components and products made from human blood. "Other Potentially Infectious Materials" means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and other body fluid visibly contaminated with blood and all undifferentiated body fluids in emergency response situations. OPIM also include:

- Human waste, urine, and dirt containing dried up human waste or sewage,
- Any unfixed tissue or organ other than intact skin from a human (living or dead).
- Cell, tissue or organ cultures from human or experimental animals infected with HIV, HBV or HCV.
- Blood, organs or other tissues from experimental animals infected with HIV, HBV or HCV.
- Culture medium or other solutions containing HIV, HBV or HCV.

The purpose of this ECP is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of Bloodborne pathogens that could lead to disease or death. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV), syphilis, malaria and many others. The primary feature of the BBP standard is a written Exposure Control Plan; called the Bloodborne Pathogen Exposure Control Plan.

## **B.POLICY**

Contractor is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to Bloodborne pathogens in accordance with Cal-OSHA standard 8 CFR 5193, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- a) Determination of employee exposure
- b) Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- c) Hepatitis B vaccination
- d) Post-exposure evaluation and follow-up
- e) Communication of hazards to employees and training
- f) Recordkeeping
- g) Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

## **C. RESPONSIBILITIES**

- I. Contractor is responsible for:
  - a. Developing and implementing the elements of the Contractor's Exposure Control Plan (ECP).
  - b. Maintain, review and update the Contractor's ECP at least annually, when regulatory updates make it necessary and to reflect new or revised employee categories with occupation exposure to Bloodborne pathogens.
  - c. Determining the level of potential exposure to bloodborne pathogens for specific categories of employees.
  - d. Providing guidance to supervisors regarding universal precautions related to bloodborne pathogen control.
  - e. Ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
  - f. Providing training, documenting training and making the written Contractor's ECP available to employees.

1. Individual supervisors are responsible for:
  - a. Adopting applicable elements of the Exposure Control Plan to develop site-specific Exposure Control Procedures.
  - b. Implement elements of the site-specific Exposure Control Plan.
  - c. Providing and maintaining all necessary PPE, engineering controls, labels, and red bags as required by the standard.
  - d. Ensuring that adequate supplies of the aforementioned PPE are available in the appropriate sizes consistent with the number of employees potentially exposed.
2. Individual employees are responsible for:
  - a. Attending the Bloodborne Pathogen Training Sessions prior to being allowed to work at potential exposure sites.
  - b. Reading and being familiar with applicable elements of the Exposure Control Plan.
  - c. Complying to the procedures and work practices outlined in the Exposure Control Plan.
  - d. Informing the supervisor or foreman whenever unexpected BBP or OPIM is found at the jobsite.
  - e. Reporting any injury or incident to their supervisor or the Contractor.

#### **D. EXPOSURE CONTROL PLAN COMPONENTS**

The Exposure Control Plan shall contain at least the following elements:

- Exposure Determination
- Method of Compliance
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up
- Hazard Communication
- Recordkeeping
- Evaluation of Exposure Incidents

Employees covered by the bloodborne pathogens standard shall receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting their employee's Supervisor. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. Use the Cal-OSHA's Exposure Control Plan for Bloodborne Pathogens handout booklet as a workbook to aid in the development of the Job-specific Exposure Control Plan. This plan includes all elements required by the Cal-OSHA bloodborne pathogens standard (8 CFR 5193). The intent of this booklet is to provide departments with an easy-to-use format that may be used as a template to develop a written exposure control plan tailored to the individual requirements of their department in conjunction with the exposure

control plan for the Contractor.

## E. EXPOSURE DETERMINATION

Each employee must have an exposure evaluation based upon the job description and assigned tasks. The evaluation shall be reviewed with the employee at time of hire or within 90 days of the establishment of this program. Exposure evaluation shall be based upon a reasonably anticipated contact (skin, eye, mucous membrane, parenteral contact, etc.) with blood or other potentially infectious materials that may result from the performance of an employee's duties.

As required by OSHA, exposure evaluations will be performed in accordance with a categorization scheme based on the potential of job-related tasks leading to exposure.

The three categories used are:

- |            |   |
|------------|---|
| Category 1 | Tasks that involve occupational exposure to blood, body fluids or tissues.  |
| Category 2 | Tasks that involve <b>no</b> occupational exposure to blood, body fluids or tissues, but employment may require performing unplanned Category 1 procedures. |
| Category 3 | Tasks that involve <b>no</b> occupational exposure to blood, body fluids or tissues and Category 1 tasks are <b>not</b> a condition for employment.         |

*Table 1 presents a listing of job classifications identified to date that may be assigned to Categories 1 or 2. This list can be used as a guideline for categorization. Actual determinations for specific employees must be performed by the Contractor and the applicable supervisor.*

<b>Department</b>	<b>Employee Assignment</b>	<b>Guideline Category</b>
Field Technicians Courthouse grounds	Cleanup feces, urine, and potentially hazardous trash left by homeless people and sanitize	1
Overflows, Toilet	Clean up the spillages, and Dry all areas affected by the spills and sanitize	1
Plumbing pipe ruptures involving toilets or urinals	Clean up the spillages, and Dry all areas affected by the spills and sanitize	1
Field Technicians at jobsites	Cleanup and decontamination / sanitizing Spill pickup and containment tools and equipment	1

*Table 1. List of Employee Assignments that Qualify as Category 1 or 2 for Purposes of Bloodborne Pathogen Control*

**F. METHODS OF COMPLIANCE**

The following methods shall be instituted as means of infection control.

1. Universal Precautions shall be utilized to prevent contact with blood and other potentially infectious materials. Universal precautions require that under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls shall be used to eliminate or minimize employee occupational exposure and examined and revised on an annual basis to ensure their effectiveness. All

procedures involving blood or OPIM shall be performed in a manner as to minimize splashing, spraying and aerosolization. These controls shall include:

- a) Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using a brush, dustpan, tongs or forceps.
- b) Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where there is a potential for occupational exposure.
- c) Food or drink shall not be stored in refrigerators, freezers or cabinets where blood or other potentially infectious materials are stored or other areas of possible contamination.
- d) Specimens of blood or other potentially infectious materials shall be placed in a closable, leak-proof container labeled or color-coded such as a red bag in a secondary container prior to storage, transportation or collection by disposal contractor. If outside contamination of the primary container is possible, a secondary container, also properly marked, shall be used. If a puncture of the container is likely, then it shall be placed within a leak-proof, puncture resistant container.
- e) Reusable items contaminated with blood or OPIM shall be decontaminated prior to washing

and/or reprocessing.

- f) All bins, pails, cans and similar receptacles intended for reuse which have a potential for becoming contaminated with blood or other potentially infectious materials shall be inspected, cleaned and disinfected on a regularly scheduled basis and cleaned and disinfected immediately or as soon as possible after visible contamination.
  - g) Employees shall wash their hands immediately or as soon as possible after the removal of gloves or other PPE and after hand contact with blood or other potentially infectious materials.
  - h) Contaminated laundry shall be handled as little as possible with a minimum of agitation and placed in properly labeled bags. Employees who have contact with contaminated laundry should wear protective gloves and other protective clothing.
2. The Contractor shall identify the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, job observations, etc.

Both front-line workers and management officials are involved in this process in the following manner: Safety Training, Safety Meetings, Tailgate Trainings

The Contractor is responsible for ensuring that these recommendations are implemented.

- a) Personal Protective Equipment (PPE) shall be provided by the Contractor whenever there is potential for occupational exposure. Supervisors shall ensure that employees under their direction use appropriate PPE including, but not limited to: gloves, gowns, fluid-proof aprons, head and foot coverings, face shields or masks and eye protection.
  - b) PPE shall be easily accessible and issued at no cost to the employee in the appropriate sizes. Hypoallergenic gloves, glove liners and powderless gloves shall be accessible to employees who are allergic to the gloves normally provided.
  - c) Training in the use of appropriate PPE for specific tasks or procedures shall be arranged through the Contractor.
  - d) Procedures for handling used PPE shall be provided as part of the BBP training.
3. PPE shall be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in the properly labeled receptacle for storage, washing, decontamination or disposal.
- a. Gloves shall be worn when the employee has the potential for the hands to have direct contact with blood or other potentially infectious materials, and when handling items or surfaces soiled with blood or other potentially infectious materials. Disposable (single use) gloves shall be replaced as soon as possible when visibly soiled, torn or punctured or whenever their ability to function as a barrier is compromised. They shall not be washed or disinfected for re-use or worn outside the containment area.
  - b. Face shields, eye protection, respirators and masks shall be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially infectious materials may be generated and there is potential for eye, nose or mouth contamination.
  - c. Gowns, aprons or laboratory coats or other forms of appropriate protective clothing shall be worn when there is the potential for occupational exposure. The clothing shall form an effective barrier

against blood or other potentially infectious materials. Selection shall be based upon the task and potential for exposure. Additional PPE such as head and foot protection and fluid-proof clothing shall be worn as needed.

**Housekeeping.** Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

## **G. HEPATITS B VACCINATIONS AND POST-EXPOSURE FOLLOW-UPS**

### **1. Overview**

Hepatitis B vaccinations shall be made available to any employee who has a potential for becoming exposed to blood or other potentially infectious materials. If an occupational exposure (HIV, HBV or HCV) occurs, a post-exposure follow-up shall be provided. Post-exposure management including medical evaluations and procedures shall be performed by or under the supervision of a licensed physician and laboratory tests shall be conducted by an accredited laboratory. The evaluations and procedures shall be provided to the employee at a reasonable time and place and according to standard recommendations for medical practice.

### **2. HBV Vaccination Criteria**

HBV vaccinations shall be offered to all employees occupationally exposed on an average of one or more times per month (i.e., Category 1 or 2) to blood or other potentially infectious materials, unless the employee has had a previous HBV vaccination or unless antibody titer testing has revealed that the employee is immune. If the worker initially declines the HBV vaccination but at a later date decides to accept the HBV vaccine, Contractor will provide the vaccine. HBV antibody testing is available to employees whether or not they decide to receive the vaccine. (If the employee is found to be immune to HBV by virtue of an adequate antibody titer, Contractor is not required to offer the HBV vaccine to that worker). The vaccination shall be made available to the employee after training has been provided and within ten (10) working days of the initial assignment.

### **3. Notification Procedure**

The procedure whereby employees are notified and offered the HBV vaccination is as follows:

- a) Contractor works with individual supervisors to identify Category 1 and Category 2 employees.
- b) Contractor prepares a written notification package which is mailed to each employees identified

as Category 1 or 2.

- c) Contractor maintains a list of those individuals who accept the vaccination offer and works with individual departments and to coordinate the scheduling of vaccinations. Records of individuals accepting and rejecting the offer are maintained by the Contractor.

#### **4. Post-Exposure Evaluation and Follow-Up**

Following an occupational exposure incident, a confidential medical evaluation and follow-up shall be made available to the individual(s) involved. The following elements shall be included:

- a. Documentation of the route(s) of exposure, HIV, HBV and HCV antibody status of the source material (or patient) - if known, and the circumstances in which the exposure occurred.
- b. Collection of blood from the employee as soon as possible after the exposure for determination of HIV, HBV and/or HCV status. (Actual antibody or antigen testing of the blood or serum sample shall be done at this time.)
- c. Follow-up of the exposed employee includes: antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis according to current medical practices.
- d. Contractor shall provide the attending physician evaluating an employee after an exposure incident the following information,
  - 1) A copy of this regulation.
  - 2) A description of the exposed employee's duties as they relate to the exposure incident.
- e. The physician shall provide the Contractor with a copy of the medical evaluation and physician's written opinion (within fifteen days of the completion of the evaluation). Contractor shall provide the employee a copy of the medical evaluation and written opinion which would indicate:
  - (1) The ability of the employee to receive the HBV vaccine.
  - (2) A statement that the employee has been informed of the results of the medical evaluation and has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.
  - (3) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
  - (4) Result of source material or individual, if available.
- f. Prophylaxis will be provided to occupationally exposed individuals with a high risk for seroconversion. Treatment will begin within 2-4 hours after an exposure (HIV and HBV) has been reported.

## **H. HAZARD COMMUNICATION**

### **1. Signs and Labels**

Warning labels shall be affixed to containers of infectious waste; refrigerators and freezers



containing blood and other potentially infectious materials; and secondary containers used to store or transport blood or other potentially infectious materials. The labels must be affixed on the lid and all lateral sides of a secondary container so as to be visible from all angles. Labels shall have the international biohazard symbol. The labels shall be fluorescent orange with lettering or symbols in a contrasting color. The labels shall either be an integral part of the container or shall be tightly affixed to the container by adhesive to prevent their loss or removal.

Contractor is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Contractor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels. Labels can be obtained through your supervisor.

**Figure 1**  
**Biohazard Symbol**



## **2. Training**

Individual supervisors, in consultation with the Contractor, shall ensure that all employees with potential for occupational exposure (Category 1 or 2) are trained in this standard and proper technique. The training program should include, but is not necessary limited to:

1. An explanation of the California OSHA Bloodborne Pathogen Standard.
2. An explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the Contractor's Bloodborne Pathogen Control Plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of prudent practices that will prevent or reduce exposure.
7. Information on PPE, including selection, use, cleaning, disposal and maintenance.
8. Information on the Hepatitis B vaccine including efficacy, safety, method of administration, benefits of being vaccinated and free of charge.
9. Information on emergency procedures, including reporting of incidents and medical follow-up.

10. An explanation of the signs and labels.

**1. RECORDKEEPING**

A system shall be established whereby medical records shall be prepared and maintained for each employee who may be occupationally exposed to blood or other infectious materials. Employee exposure and medical records will be maintained in the Contractor's offices.

**1. Medical Records**

Medical records shall remain confidential and will not be disclosed or reported to any person, except as required by regulation. The records shall be maintained for at least thirty (30) years after employee termination and will include:

Employees name and social security number.

- A copy of the HBV vaccine records.
- A copy of the results of all medical evaluations and follow-up.
- The Contractor's copy of the physicians' written opinion.
- Copies of all information initially provided to the physician.

**2. Training Records**

Training records shall be prepared and maintained by the Contractor's office and shall include the following information:

- Dates of all training sessions (initial and yearly refresher).
- Contents, outline or summary of the training.
- Name of trainer.
- Names and job titles of all attendees.

**3. Sharps Injury Log**

Contractor shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The Sharps Injury Log shall be maintained for 5 years from the date the exposure occurred. The information recorded shall include the following:

- Date and time of the exposure incident.
- Type and brand of sharp involved in the exposure incident.
- Description of the exposure incident including:
  - a) Job classification of the exposed employee.
  - b) Work area where exposure occurred.
  - c) Work procedure at the time of incident.
  - d) How the incident occurred.
  - e) Body part involved in the incident.
  - f) If sharp had engineered sharps injury protection, whether protective mechanism was activated and whether the injury occurred before, during or after the protective mechanism was activated.

Each exposure incident shall be recorded on the Sharps Injury Log within 14 working

days of the date the incident is reported. The information in the Sharps Injury Log shall be recorded and maintained to protect the confidentiality of the injured employee.

**4. Availability**

Contractor shall assure that all records required to be maintained by this Standard are available upon request to the regulatory agencies (Cal/OSHA), the employee or their designated representative or any other person in accordance with 8 CCR 5193.

*End of Exhibit*